

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1915	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2011
NAME OF PROVIDER OR SUPPLIER MADISON HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	Initial Comments Complaint investigation # TN00028191, #28136, #28259, and #28465 were completed during the annual Licensure survey on August 8-10, 2011, at Madison Healthcare. There were no deficiencies related to the complaints under chapter 1200-8-6, Standards for Nursing Homes.	N 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
N 415	1200-8-6-.04(10) Administration (10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee. This Rule is not met as evidenced by: Based on review of personnel files and interview, the facility failed to have documentation of reference verification for three (#1, #2, #3) employees; and failed to have documentation of a medical screen to exclude communicable disease for one (#2) of five employee records reviewed. The findings included: Review of personnel file revealed employee #1 was hired on September 27, 2010, employee #2 was hired on August 22, 2007, and employee #3 was hired on July 25, 2011. Further review revealed no documentation of reference	N 415	N415 It is the practice of this facility when licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee. The Staff Development Coordinator will complete a Health Screen on Employee #2. The Executive Director will meet with Department Managers, Payroll Benefits Coordinator, and Business Office Manager for the purpose of re-educating them on the policy and procedures for obtaining reference checks, background checks, drug screens, and health questionnaires as outlined in the Kindred Human Resources Hiring Guide. The District Director of Human Resources, Executive Director and Business Office Manager updated the "New Hire Folder Order / Checklist" to be completed on all new hires. See attachment #N415 A. The	9-16-11	

Division of Health Care Facilities

Shirley Cherry, Executive Director
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

BKKQ11

Aug. 22 2011

If continuation sheet 1 of 2

AUG 24 2011

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1915	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2011
NAME OF PROVIDER OR SUPPLIER MADISON HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 415	<p>Continued From page 1</p> <p>verification. Further review revealed no documentation of a medical screen to exclude communicable disease for employee #2 since 2007.</p> <p>Interview with the the Payroll and Benefits Coordinator on August 10, 2011, at 4:20 p.m., in the payroll office, confirmed employees #1, #2 and #3 records had no documentation of reference verification. Further interview confirmed employee #2 had no documentation of a current medical screen.</p>		N 415	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>N415 Continued</p> <p>Business Office Manager will complete the "New Hire Folder Order/Checklist PI Audit Tool" (see attachment #415 B monthly for three monthly or until no further discrepancies are noted. The BOM will report the results of the PI audit tool along with any corrective and or disciplinary actions to the facility performance improvement committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, RD, ADON, Staff Development Coordinator, Activity Director, Social Service Director, Housekeeping/Laundry Supervisor, and Medical Director) at its monthly meeting for three months or until no further discrepancies are noted.</p>	9-16-11

AUG 24 2011